FamiliesFirst Network (FFn) of Lakeview

Annual Summary
Quality management Review Findings
Fiscal Year 2011-2012
August 20, 2012

Report to Headquarters Office of Family Safety,
Florida Department of Children & Families
This report is a cumulative, evaluative assessment of the data collected through various quality reviews (Quality Services Reviews, Mock Child and Family Services Reviews, Unit of Excellence Reviews using selected Quality of Practice Standards, Psychotropic Medication Review, and APPLA Review), performance as indicated on the DCF scorecard, the annual evaluation completed by the Ounce of Prevention, and customer satisfaction surveys.

**Assessment**

*What is Working Well*

The availability and utilization of formal assessments resources for parents and children is evident. Each service area has a contracted provider to complete biopsychosocial assessments for parents. Additionally, local community providers in each county provide assessments for substance abuse, mental health, and domestic violence concerns. COPE Center is contracted to provide Comprehensive Behavioral Health Assessments (CBHA's) for children placed in Out-of-Home Care. The Daniel Memorial Assessment is used to assess the needs of adolescents in Foster Care. There is also a basic recognition of other types of assessments to include risk assessment, initial and family assessments, and home studies.

Assessment surrounding placement and replacement is evident. Interviews and documentation support multi-disciplinary staffings are occurring. Data from the scorecard as well as most reviews indicate placement stability is an area of strength.

FamiliesFirst Network has changed the Adoption Home Study process by shifting responsibility of this function from Family Services to Foster Home Development. Since this change, a large number of back logged home studies have been completed which resulted in an increase of finalized adoptions. Additionally, Adoptions and Foster Home Development are becoming involved earlier in the process to begin the home study process and to identify any potential barriers to an approved, adoption home study.

*What Are Worries*

While types of formal assessments were readily identified, the ability to identify the importance and linkage of informal assessments to favorable outcomes is a
worry. Case activities are often viewed as individual stand alone tasks versus a part of an evaluative process necessary to gain a "big picture" understanding of a family's needs. Considering and synthesizing of information from both formal and informal assessments as well as across numerous case activities is not consistently apparent.

The system places a high value is placed on recommendations made by providers completing formal assessments. Less value is on the assessments of Family Services staff who often have more interaction and knowledge of the family. It is a possibility this dynamic has either inadvertently created an atmosphere in which staff's confidence in making good assessments has eroded, or an unintentional forced abdication of responsibility has occurred as a consequence of the dynamic. Either way, it is imperative to find a way to assist staff in recognizing the importance of assessment and to empower them to develop, use, and refine assessment skills.

Gaps were noted in the completion and quality of Initial and Updated Family Assessments. The quality of Judicial Review Social Study Reports showed a decline for the first time during this fiscal year. In-depth assessment was lacking in relative, non-relative, and reunification home studies. These gaps could be the result of the widely recognized labor intensive process of completing assessments and reports in FSFN; a lack of recognition of the value of an evaluative, in-depth, written assessment; staff turn-over; or a combination of the aforementioned.

**Family Engagement**

**What is Working Well**

FamiliesFirst Network utilized the Ounce of Prevention Fund of Florida's, "Family Centered Practice In Three Florida Innovation Sites Evaluation Brief- Years 1 and 2" to meet the requirement of an annual evaluation. The evaluation brief was completed in March 2012. The evaluation findings indicate Family Services Counselors (FSC) and Unit Managers (UM) have a good understanding of the constructs of Family Centered Practice which includes Family Engagement. When surveyed regarding their knowledge of these constructs, the respondents in these positions were able to articulate these principles in writing. Additionally, a high percentage of Family Services Counselors and Unit Managers indicated Family Centered Practice (FCP) was of benefit to families. A high percentage of respondents stated they use FCP in their work with families. Family Team Conferencing was highly identified as a good demonstration of FCP. Improvement was noted from Year 1 to Year 2 with regard to the percentage of respondents who expressed increased job satisfaction when using FCP.
The chart in the evaluation brief entitled the "Top Three Practices Having the Highest Level of Staff Support in each Innovation Site" indicates the following top three for Circuit 1:

"It is important for family members to be involved in making decisions about their family and their case."

"Helping families become more self-sufficient is part of my role in a case."

"I look for strengths in each individual and family I work with."

Client surveys over FY11-12 indicate a high level of satisfaction. The client satisfaction survey elicits responses in the following areas which are related to family engagement:

<table>
<thead>
<tr>
<th>Response Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt welcome in the service center.</td>
</tr>
<tr>
<td>Orientation info to services was helpful.</td>
</tr>
<tr>
<td>My counselor was friendly and supportive.</td>
</tr>
<tr>
<td>I was offered the chance for input into case plan tasks for myself and my child.</td>
</tr>
<tr>
<td>My counselor helped me understand court decisions.</td>
</tr>
<tr>
<td>Staff were concerned for my privacy and the confidentiality of my information.</td>
</tr>
<tr>
<td>Staff provided assistance when I needed it.</td>
</tr>
<tr>
<td>I received contact by my family services counselor at least every 30 days.</td>
</tr>
<tr>
<td>I received referrals to needed services within two weeks of a need being identified.</td>
</tr>
<tr>
<td>Referred services helped my family's issues.</td>
</tr>
<tr>
<td>My phone calls were returned by the next business day.</td>
</tr>
<tr>
<td>My counselor was knowledgeable and able to answer my concerns</td>
</tr>
<tr>
<td>I was treated with courtesy and respect by staff.</td>
</tr>
<tr>
<td><strong>Overall, I am satisfied with the services that I received.</strong></td>
</tr>
</tbody>
</table>

The overall satisfaction statement received quarterly ratings between 4.46 and 4.58 on likert scale with a "5" representing the most satisfaction.

Interviews and case file reviews indicate the most consistent efforts at engagement occurred with children and caregivers. This was evident in case planning, identifying needs, providing services matched to needs, and in quality of contacts.
FamiliesFirst Network has developed a "Teaming" procedure. Use of "Teaming" is stressed during training and coaching. Reviewers focus on teaming during debriefs and when providing technical assistance.

What Are Worries

The Ounce of Prevention Fund evaluation included a survey of Child Protective Investigators, Child Protective Investigator Supervisors, Family Services Counselors, and Unit Managers. Respondents in these positions were asked to "indicate whether most or all of the staff they work with used FCP". This percentage was lower than when asked if they themselves use FCP. Continued efforts to create a culture of trust, accountability, and teamwork may decrease this worry.

Interviews and case file reviews revealed inconsistency with regard to engagement. While excellent examples of engagement were found, this practice was not consistent throughout the agency. Certain activities, such as holding a family team conference were often considered to be evidence of engagement on their own; however, a culture of engagement within all case activities was not apparent. Consistent engagement of parents was least evident. This includes engagement in case planning, decision making, service planning, children's activities, and in overall contacts.

While improvement in teaming occurred throughout the fiscal year, well formed and functional teams are the exception. The voice of the family remains weak. Forward movement with teaming will likely result in improved engagement.

Service Planning and Provision

What is Going Well

Formal assessments provide useful recommendations and are one tool for service planning and provision.

Services are consistently identified, arranged and provided for in-home cases and cases where there are emerging safety concerns.

Provision of services as it relates to physical & dental health, education, and mental health needs of children is occurring when a need is identified through assessment.
The number of former Foster Youth ages 19-22 with a diploma or GED is a strength.

Family Team Conferencing is being utilized throughout the agency as a tool for case plan development and to discuss the service provision.

A Psychotropic Medication on-line training was developed during FY11-12. Staff are required to complete this training annually.

FamiliesFirst Network has been working with the National Resource Center regarding concurrent planning. This was a joint effort among FamiliesFirst Network, DCF, the University of West Florida Training Department, and the judiciary. As a result, FamiliesFirst Network developed a draft concurrent planning procedure. Participants from FamiliesFirst Network (FFN) included members of the FFN Management Team as well as representatives from Family Services, the Policy & Quality Unit, Foster Home Development, and Adoptions. Participants from DCF included representatives from DCF leadership, Children's Legal Services, Child Protective Investigators, and Child Protective Investigator Supervisors.

**What Are Worries**

Foster Home capacity which allows for placement planning to promote school stability is not present.

There is instability with regard to Family Services Counselors, Unit Managers, and providers.

Service provision is based more on what formal services are available than on individualized needs. This is true for parents, children, caregivers and teens in Foster Care. There is great concern for teens with APPLA goals who are involved with the Department of Juvenile Justice or who are in commitment programs outside of FamiliesFirst Network's service area. Skills training and other transitional services are not provided consistently or are not individualized based on needs.

Development and utilization of natural supports to reduce risk and keep children safe is often overlooked.

Planning and service provision are often viewed as activities such as holding a Family Team Conference or making a referral to an available service instead of series of interconnected activities which improve understanding of a family's needs. These needs can change over time requiring plans, services, and
strategies to be flexible and adjusted as appropriate. An increase in well-formed, functional teams is necessary to achieve solid planning and dynamic service intervention.

The agency continues to struggle with the ambiguity and complexity of the psychotropic medication policy requirements and hardwiring them into practice. Since the majority of children are not prescribed psychotropic medications, the activities and requirements surrounding the policy are not completed frequently enough to develop proficiency and/or to trigger an automatic response that action is necessary. Ways to overcome these barriers will need to be addressed for improvement to occur.

**Promoting Case Progress**

**What is Going Well**

Case file reviews and interviews revealed some excellent examples of promoting case progress. In areas and instances where this occurred, there was evidence of good assessment, engagement, planning, service provision, and supervisory oversight. The result was forward motion and case progress.

Required contacts for parents is improving. Facilitations have been successful tools in addressing barriers and planning how to move toward permanency. In most cases, Judicial Reviews are held timely. Permanency staffings are held every three months when children are in Out-of-Home Care. Children whose goal is APPLA are also staffed every three months to revisit the appropriateness of the goal, to ensure ongoing search for non-licensed placement, and to discuss services being provided which will aide in the youth's transition to adulthood. The number of children with APPLA goals continues to decrease.

Okaloosa and Santa Rosa Counties initiated work groups and developed countermeasures to address re-entry. These groups meet and report back to the Performance Improvement Council who in turn reports to the FFN Management Team.

**What Are Worries**

The number of children who re-enter care is above target. Case reviews and interviews indicate services to prevent re-entry are of inadequate. Additional worries regarding re-entry lie with the quality of the reunification assessment and inconsistent visits following post-placement.
Frequent and meaningful communication with service providers regarding the service provision and effectiveness of services is of concern. Monitoring and adjusting of service provision when warranted was not readily apparent. This finding was evident in both case file documentation and interviews with case participants.

Out-of-County Supervision, both within and outside the service area, continues to negatively impact case plan progress as well as service provision. This is true for parents as well as children.

The scorecard measure of Children Reunified within 12 Months and Ratio of Adoptions in Last 12 Months to Children in Care the Last 12 Months are somewhat connected and bear watching.

**Supervisory Review and Oversight**

**What is Working Well**

FFN Leadership places great emphasis on the role of Unit Managers. A Supporting Our Supervisors initiative was implemented during FY11-12.

Team and Unit Managers are required to complete Peer Reviews and provide feedback to one another. Team Managers complete Peer Reviews on a monthly basis and Unit Managers complete peer reviews on a quarterly basis.

Unit Managers take seriously their responsibility to provide guidance and oversight. They have a good understanding of the value of regular face to face meetings with Family Services Counselors.

**What Are Worries**

Quarterly reviews are often not completed timely. Reviews lack consistency in addressing all aspects of safety, permanency and well-being. Follow up on guidance and direction is not consistently evident.

**Questions to Consider**

What needs to occur for Family Centered Practice to take root?

How will FFN know Family Centered Practice is rooted into the agency's culture?

Are there any silos either internally or externally which are barriers to progress?
How will the agency know transfer of learning is occurring between training and practice?

**Next Steps**

FamiliesFirst Network is performing well with regard to tangible measures captured on the DCF Scorecard. Since the DCF Scorecard was implemented, FFN has moved from 20th to 4th (or is it now 5th). Quality Assurance review data further reflects strength in most of the scorecard measures. These measures are more compliance in nature. With regard to Family Centered Practice standards which are more intangible and qualitative, refinement is needed. Since these standards are more subjective in nature, they are also more difficult to measure and outcomes are more difficult to define.

The findings contained in this summary will be addressed in the annual update of the Quality Management Plan which will be developed by FamiliesFirst Network's Performance Improvement Council and submitted on or before October 30, 2012.

Prepared by: Carlita Bennett, Quality Management Specialist

Approved by: Margaret Taylor, Director of Policy & Quality